Lyon-Martin Health Services
Patient Demographic Information

LMHS Chart #: _____

Date: _____

Preferred Name: _____ Legal Name: _____

Home Address (including city, state, and zip): _____

Mailing Address (including city, state, and zip): _____

Date of Birth: _____ SSN: _____-_____-_____

Phone Number: _____ Email Address: _____

Can we leave you a confidential message at this phone number? Yes No

If you don't have contact information, what other social service agencies do you frequent?

_____

What type of insurance(s)/coverage(s) do you have? *We treat everyone regardless of ability to pay.*

☐ None ☐ CDP ☐ San Francisco Health Plan ☐ Medicare
☐ Healthy SF ☐ Family Pact ☐ Medi-Cal
☐ Other: _____

For billing purposes, if you have insurance, what gender do they have on record for you? ☐ Female ☐ Male

Legal Name as it appears on your insurance card: _____

We must collect ALL patients' income information in order to stay in compliance with Federal Regulation, as Lyon-Martin is a Federally Funded Community Health Clinic. (Even if you have insurance).

My head of household is: _____, & additional # members: _____. My household's **taxable annual** income is: _____ **OR** my household's **taxable monthly** income is: _____

Due to Federal Regulations, we must ask ALL patients their household size and income, regardless of health insurance status. Household members include those persons living in the same home who are related by birth, marriage, registered domestic partnership, or adoption.

What type of **taxable** income do you have? *We treat everyone regardless of ability to pay.*

☐ None ☐ Part-time Employment ☐ SSI ☐ Child/Care Support
☐ Full-time Employment ☐ Unemployment ☐ Disability ☐ Alimony
☐ Other: _____

Please Complete Backside

Preferred Pharmacy:

Pharmacy Name: _____

Location:_____ Phone Number:_____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

My preferred language is:

- ☐ English
- ☐ Spanish
- ☐ Other: _____
- ☐ Decline

My gender identity is:

- ☐ Woman
- ☐ Man
- ☐ Trans (MTF)
- ☐ Trans (FTM)
- ☐ Genderqueer
- ☐ Other: _____
- ☐ Decline

My sex assigned at birth is:

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Other: _____
- ☐ Decline

My marital status is:

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Registered Domestic Partner
- ☐ Widowed
- ☐ Unmarried Partner
- ☐ Legally Separated
- ☐ Other: _____
- ☐ Decline

My sexual orientation is:

- ☐ Lesbian
- ☐ Gay
- ☐ Queer
- ☐ Bisexual
- ☐ Heterosexual
- ☐ Celibate
- ☐ Other: _____
- ☐ Decline

My pronoun preference is:

- ☐ She/her
- ☐ He/his
- ☐ They/Them/Their
- ☐ Zie/Hir
- ☐ Other: _____

I live (please check all that apply):

- ☐ In a house or apartment or SRO or hotel
- ☐ In an RV or vehicle
- ☐ On the street
- ☐ In a shelter
- ☐ In a transitional or treatment program
- ☐ My situation is temporary and/or unstable

I am Hispanic/Latin@: Yes No

My race is:

- ☐ Native American and/or Alaskan Native
- ☐ Hispanic or Latin@
- ☐ Black/African American
- ☐ Caucasian or White
- ☐ Native Hawaiian
- ☐ Asian
- ☐ Other Pacific Islander
- ☐ More than one race
- ☐ Other: _____
- ☐ Decline

I am a veteran: Yes No

I am a seasonal agricultural worker: Yes No

For Office Use Only:

Entered into EPM by: _____ on: _____